

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1							31		1					
2							32		1					
3							33		1					
4							34		1					
5							35		1					
6							36		1					
7							37		1					
8							38		1					
9							39		1					
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48														
49														
50														
TOTAL IND.							TOTAL IND.	2						
TOTAL DEP.							TOTAL DEP.	30						
TOTAL CLAIMS							TOTAL CLAIMS	32						